

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																							
1 Date of Request: <u>5/18/05</u>		2 Serial/Patent # <u>10/513721</u>																					
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td><td style="width: 95%;">Filing</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Amendment</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Extension of Time</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Petition</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Issue</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Maintenance</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Assignment</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Other</td></tr> </table>	<input checked="" type="checkbox"/>	Filing	<input type="checkbox"/>	Amendment	<input type="checkbox"/>	Extension of Time	<input type="checkbox"/>	Notice of Appeal/Appeal	<input type="checkbox"/>	Petition	<input type="checkbox"/>	Issue	<input type="checkbox"/>	Cert of Correction/Terminal Disc.	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Assignment	<input type="checkbox"/>	Other	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
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7 TOTAL AMOUNT OF REFUND		\$ 500 ⁰⁰																					
8 TO BE REFUNDED BY:																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> <td style="width: 95%;">Treasury Check</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Credit/Deposit A/C #:</td> </tr> <tr> <td style="text-align: center;">9</td> <td style="text-align: center;"> <div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="border: 1px solid black; display: inline-block; padding: 0 5px;">1</div> <div style="border: 1px solid black; display: inline-block; padding: 0 5px;">4</div> <div style="border: 1px solid black; display: inline-block; padding: 0 5px;">--</div> <div style="border: 1px solid black; display: inline-block; padding: 0 5px;">1</div> <div style="border: 1px solid black; display: inline-block; padding: 0 5px;">1</div> <div style="border: 1px solid black; display: inline-block; padding: 0 5px;">4</div> <div style="border: 1px solid black; display: inline-block; padding: 0 5px;">0</div> </div> </td> </tr> </table>				<input type="checkbox"/>	Treasury Check	<input checked="" type="checkbox"/>	Credit/Deposit A/C #:	9	<div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="border: 1px solid black; display: inline-block; padding: 0 5px;">1</div> <div style="border: 1px solid black; display: inline-block; padding: 0 5px;">4</div> <div style="border: 1px solid black; display: inline-block; padding: 0 5px;">--</div> <div style="border: 1px solid black; display: inline-block; padding: 0 5px;">1</div> <div style="border: 1px solid black; display: inline-block; padding: 0 5px;">1</div> <div style="border: 1px solid black; display: inline-block; padding: 0 5px;">4</div> <div style="border: 1px solid black; display: inline-block; padding: 0 5px;">0</div> </div>														
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10 REASON:		9																					
<input checked="" type="checkbox"/>	Overpayment																						
<input type="checkbox"/>	Duplicate Payment																						
<input type="checkbox"/>	No Fee Due (Explanation):																						
11 REFUND REQUESTED BY: <u>C. Burt</u>																							
TYPED/PRINTED NAME: <u>Chandler Burt</u>		TITLE: <u>Paralegal</u>																					
SIGNATURE: <u>[Signature]</u>		PHONE: <u>308-9140x207</u>																					
OFFICE: _____																							

THIS SPACE RESERVED FOR FINANCE USE ONLY:																							
APPROVED: _____		DATE: _____																					

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